



# MOORHEAD AREA PUBLIC SCHOOLS ISD 152 REQUEST FOR CLOCK HOUR APPROVAL FOR CONTINUING EDUCATION/RE-LICENSURE

Name		Address	
File Folder #		School	
Expiration Date		Position	
Clock Hours		Category (A-F)	

Title of Course/Activity \_\_\_\_\_ Date of Activity: \_\_\_\_\_

## ADDITIONAL RE-LICENSURE REQUIREMENTS

*Circle "Yes" or "No" if this course/activity meets all or part of the requirement.*

## REQUIRED HOURS

1. Accommodation, Modification, and Adaptation of Curriculum, Materials/	1 Hour	Yes	No
2. Positive Behavioral Intervention Strategies (PBIS)	1 Hour	Yes	No
3. Suicide Prevention	1 Hour	Yes	No
4. Mental Illness	1 Hour	Yes	No
5. Reading	4 Hours	Yes	No
6. English Language Learner	1 Hour	Yes	No
7. Cultural Competency	8 Hours	Yes	No

*Hours must be from at least 2 of the following topics: Racial, Cultural and Socioeconomic groups; American Indian and Alaskan Native Students; Religious Diversity; Gender identity, including transgendered students; Sexual Orientation; Language Diversity; Individuals with disabilities and mental health concerns; Systemic Racism.*

**Per MN Stat. 122A.187**, individuals have the option of submitting their summative evaluation with individual growth plan to the local continuing education committee in lieu of: *Cultural Competency and English Language Learner requirements.*

Was the activity sponsored by ISD #152?

If you circled **yes** and you are a **current ISD #152 employee**, please disregard A, B, and C below

Yes      No

\*Infinitac and Safeschools are provided but not sponsored by the district. **Please complete C ONLY.**

### DESCRIBE THE ACTIVITY FOR WHICH THE CLOCK HOURS HAVE BEEN REQUESTED:

If more space is needed, please attach another sheet. **Please attach verification.**

A. Objective:

B. Description:

C. Evaluation:

Pre-Approval Request	✓	Provide a brief description of professional development, organization providing the professional development, and a connection to your teaching assignment:
APPROVED		
DENIED		

Committee Action:	✓	Committee Denial/Explanation Corrective Action
APPROVED		
DENIED		

Signed: \_\_\_\_\_

Date: \_\_\_\_\_